

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90049 025 \*\*\*150.00

**DOCUMENT # P96000091263**

1. Entity Name

**HOBBY HORSE TOURS, INC.**

Principal Place of Business

**1444 NORMANDY LANE  
PALM HARBOR FL 34683  
US**

Mailing Address

**P.O. BOX 741  
PALM HARBOR FL 34682  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3417904**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTHIESSEN, ANKE  
27088 RICHBARN ROAD  
BROOKSVILLE FL 34601**

Name

**MATTHIESSEN, ANKE**

Street Address (P.O. Box Number is Not Acceptable)

**27088 RICHBARN ROAD****BROOKSVILLE**

City

**BROOKSVILLE**

FL

Zip Code

**34601**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input type="checkbox"/> Delete
NAME	PROULX, ROBERT	
STREET ADDRESS	1444 NORMANDY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MATTHIESSEN, ANKE	
STREET ADDRESS	27088 RICHBARN ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANKE MATTHIESSEN**

Date

**3-13-01**

Daytime Phone #

**352-754-9258**

CR2E034 (10/00)